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## APPLICANTS

Bob van Gemen, Almere, NETHERLANDS;

Eveline Catherina A. C. Timmermans, 's-Hertogenbosch, NETHERLANDS;  
 Anthonij de Ronde, Amsterdam, NETHERLANDS; Irene Johanna M. Dobbelaer, Rosmalen, NETHERLANDS;

\*\* CONTINUING DATA \*\*\*\*\*

none / *ms*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	NETHERLANDS	22	46	4

## ADDRESS

24247  
 TRASK BRITT  
 P.O. BOX 2550  
 SALT LAKE CITY, UT  
 84110

TITLE *Method of determining therapeutic activity and/or possible side-effects of a medicament.*  
*Testing endosymbiont cellular organelles and compounds identifiable therewith.*

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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